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ABSTRACT

This document, prepared for the use of the Senate Committee on Governmental Affairs in considering proposed welfare legislation, comprises annotated bibliographies, most with abstracts, the following subjects: (1) case management; and (2) agency/client contracting. The cited literature includes books, journal articles, research reports, and doctoral dissertations published during the period 1980 to mid-1987. The abstracts for many of the works included were culled from computerized databases--NTIS (National Technical Information Service), ERIC (Educational Resources Information Center), Sociological Abstracts, PSYCINFO, Family Resources, and the OCLC and SCORPIO systems-covering the sociological and welfare areas. The bibliographies identify 109 literature citations for case management as applied in the social services field, and 9 citations for agency/client contracting as applied to the delivery and receipt of such services. Each entry includes author, title, date, availability and copyright-information. A subject index, by abstract number, is included. (BJV)

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United States General Accounting Office

GAO

Fact Sheet for the Chairman, Committee on Governmental Affairs, U.S. Senate

March 1988

ED294976

WELFARE REFORM

Bibliographies of Case Management and Agency/Client Contracting

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GAO/HRD-88-61FS

GAO

United States
General Accounting Office
Washington, D.C. 20548

Human Resources Division

B-225966

March 11, 1988

The Honorable John Glenn
Chairman, Committee on Governmental Affairs
United States Senate

Dear Mr. Chairman:

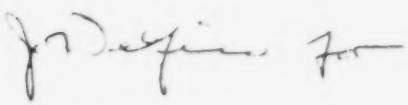
In response to your July 1987 request for our work on welfare issues, we developed bibliographies on the subjects of case management and agency/client contracting for the Committee's use in considering proposed welfare legislation. The bibliographies identify 109 literature citations for case management as applied in the social services field, and 9 citations for agency/client contracting as applied to the delivery and receipt of such services. Appendixes I and II of this fact sheet contain the alphabetized bibliographies—with abstracts for most citations—and appendix III contains a subject index for the bibliographies referenced to the citations in appendix I.

To compile these bibliographies, we researched computerized data bases covering the sociological and welfare areas. The data bases used include: NTIS (National Technical Information Service), ERIC (Educational Resources Information Center), Sociological Abstracts, PSYCINFO, Family Resources, and the OCLC and SCORPIO systems. Keywords and phases used to locate the citations include: case management, social welfare, social services, contracts, and social, family, children, juvenile, and client contracts and contracting.

The cited literature includes books, journal articles, research reports, and doctoral dissertations published during the period 1980 to mid-1987. Because certain citations/abstracts are protected under copyright law, applicable copyright statements are included.

As agreed with your office, unless you publicly announce its contents earlier, we plan no further distribution of this fact sheet until 10 days after its issue date. At that time, we will send copies to other interested parties and make copies available to others who request them. Further information about this document can be obtained by calling me at 275-6193.

Sincerely yours,



Franklin Frazier
Associate Director

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Abbreviations

GAO	General Accounting Office
ERIC	Educational Resources Information Center
NTIS	National Technical Information Service
Ss	Subjects

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Abstracts presented herein that are not copyrighted are not marked if taken from the data bases researched. If abstracts were not in the data bases, and we wrote them after reading the source document, we marked them "SP". For a few citations, no abstract is presented because the data base did not include one and the source publication was not readily available to us.

Bibliography With Abstracts: Case Management

1. American Institutes for Research in the Behavioral Sciences, Washington DC and others. Unrealized Potential: Case Management in the U.S. Refugee Program. Final Report. May 31, 1985. Availability: ERIC ED 269531.

This report presents findings of a study of case management in the United States refugee program. The four chapters cover background information on the study, an outline of a generic case management model, variations in case management design and implementation, and a summary of findings and conclusions. For the most part, case management can have beneficial effects on refugee prospects for self-sufficiency. However current programs are often marked by confusion about the roles to be played by providers, duplication of efforts, and a lack of linkages between case managers and service providers. Thus, refugee case management appears to be an approach with unrealized potential. Appendices contain an explanation of refugee case management practices in selected states and a short bibliography.

2. Aronson, Miriam K.; Lipkowitz, Rochelle. "Senile Dementia, Alzheimer's Type: The Family and the Health Care Delivery System." Journal of the American Geriatrics Society. December 1981; 29(12): 568-571.

Senile dementia is one of the most important medical-social-economic problems facing the United States, estimated to affect some 60% of nursing home patients & of elderly persons residing in the community. The course of dementia in these patients is affected not only by their age, medical complications, & the disease itself, but also by where & with whom they live. Clinical experience with patients of this type residing in the community reveals three major patient categories: single patients with inadequate support; patients with caring but overwhelmed families; & patients with indifferent families but caring friends. Different case management strategies are needed for cases of these three types. 7 References. Modified HA. +

3. Austin, Carol D. Case Management: Let Us Count the Ways.

November 9, 1981. Availability: ERIC ED 215234; Paper presented at the Joint Annual Meeting of the Scientific Gerontological Society (34th) and the Scientific & Educational Canadian Association on Gerontology (10th), (Toronto, Ontario, Canada, November 8-12, 1981).

Case management, as implemented in programs for the elderly, has focused on interactions between the client and case manager in the areas of assessment, care planning, service plan implementation, and follow-up. Variation in these case management tasks suggests that no single model can be implemented in all local delivery systems. This emphasis on client/case manager interaction has obscured the fact that care planning, a core case management task, is a crucial resource allocation activity and has important consequences for the distribution of resources within a local delivery system. A resource dependence view of interorganizational relationships is useful for analyzing the capacity of case managers to change market conditions by altering service providers' behavior. The extent of discretion over resource allocation and centralization of resource control are key case management design issues. Case management is a middle ground long-term care policy reform option. Its implementation does not require fundamental changes in funding patterns or interorganizational relationships. The middle ground in which case management can be developed as a reform option is wider than present operational experience suggests. Models that expand case management to include authority for resource allocation and implementation of financial incentives to influence market conditions deserve greater attention.

4. Austin, Carol D. "Case Management in Long-Term Care: Options and Opportunities." Health and Social Work. 1983; 8(1): 16-30.

The principal functions of case management in long-term care are screening and determining eligibility; assessing service needs; developing a service care plan; requisitioning services; implementing the plan, coordinating delivery and follow-up; and reassessing, monitoring, and evaluating services periodically. The resource dependence theory of interorganizational relationships involved in case management suggests guidelines for an expanded role that highlights case managers' allocation of resources and potential for intervening in local delivery systems. It concluded that greater attention should be given to models that expand case management to include authority for resource allocation and implementation of financial incentives to influence market conditions.

5. Austin, Carol D.; Greenberg, Jay N. Comparing Case Management Systems. March 20, 1984. Availability: ERIC ED 249436; Paper presented at the Annual Meeting of the Western Gerontological Society (30th, Anaheim, CA, March 17-21, 1984).

Case management has become a core component in the delivery of long term care services. It is widely viewed as a mechanism for linking and coordinating segments of a service delivery system (within a single agency or involving several providers) to ensure the most comprehensive program for meeting an individual client's needs. Although there is some consensus regarding generic case management functions, the role of case manager is implemented with considerable variation and has different meanings in various settings. This paper presents a model for analyzing case management that is contingent on the delivery system. Four distinct delivery systems are examined. The case management function implemented in each of these systems will be differentially effective and efficient given the assumptions, goals, parameters, and constraints operating in each system.

6. Bagarozzi, Dennis A.; Kurtz, Linda Farris. "Administrators' Perspectives of Case Management." Arete. Spring 1983; 8(1): 13-21.

A questionnaire & interview survey of mental health administrators in Georgia (number of cases = 24) revealed that there is lack of consensus as to the appropriate role of case managers & the level of skill required to perform the case management role in their centers. The literature reflects similar disagreement. Here, the concept of case management as reported in recent literature is reviewed, identifying the variety of ways the role is implemented in one state mental health system. Implications for formal social work education & inservice training are examined. HA. +

7. Baker, Frank; Weiss, Robert S. "The Nature of Case Manager Support." Hospital and Community Psychiatry. September 1984; 35(9): 925-928.

29 deinstitutionalized chronic mental patients who were clients of community support systems and their 15 case managers were interviewed about how the case managers helped or failed to help clients with their daily functioning. Results are discussed in terms of the case managers' general role as well as their role in linking clients to activities, providing social support, and preventing rehospitalization. Findings suggest that the case managers, by focusing on management of reality rather than on symptomatology, foster their clients' community adjustment. (12 ref) (c)APA

8. Barusch, Amanda Smith. Who Cares: The Relationship Between Family Assistance and Formal Services Provided to the Frail Elderly in Case-Managed and Traditional Service Environments [Dissertation]. Berkeley, CA: University of California, Berkeley, 1986. Availability: University Microfilms, Ann Arbor, MI

9. Behar, Lenore. "Changing Patterns of State Responsibility: A Case Study of North Carolina." Journal of Clinical Child Psychology. Fall 1985; 14(3): 188-195.

The state of North Carolina, in response to litigation, has established a precedent by developing integrated systems of services for seriously behaviorally disturbed children and adolescents that may serve as a model for others. Four years of program development suggest that seriously disturbed youngsters can be served in community based systems, especially if a strong and expansive case management function is in place. (8 ref) (PSYCINFO Database Copyright 1987 American Psychological Assn, all rights reserved).

10. Berger, Vere. "Residential Weekends for Client Families as an Aid to Case Management." Child Abuse and Neglect. 1981;5(3): 309-315.

A descriptive study is presented of a program of 3 residential weekends organized for a group of client families (number of cases = 7) of a Child Protection Unit of the State Welfare department in Western Australia. Clients of this unit are families with children age 6 or younger, in which abuse has occurred or there is severe risk of abuse. Families were encouraged to participate in formal & informal activities as a group. The weekends were evaluated through a questionnaire answered by client families together with their informal responses, as well as by whether goals set by staff were met over a period of time. Results showed the weekends to have been a success for most families. This is particularly encouraging since the agency is a statutory one, in which the staff's authority role creates barriers not easily overcome. 1 Table. Modified HA. +

11. Bertsche, Anne Vandeberg; Horejsi, Charles R. "Coordination of Client Services." Social Work. March 1980; 25(2): 94-97.

This article outlines the theoretical framework of case coordination and describes the tasks, skills, and knowledge essential to it.

12. Berven, Norman L. "Reliability & Validity of Standardized Case Management Simulations." Journal of Counseling Psychology. July 1985; 32(3): 397-409.

Examined the reliability and validity of 3 computerized case management simulations in counseling, similar to patient management problems in medicine. The simulations depicted a 40-yr-old female with chronic back pain, a 22-yr-old female with a personality disorder, and a 51-yr-old male with alcoholism. The simulations were administered to a criterion sample of 15 experienced counseling practitioners (mean age 35.7 yrs) and to 3 additional samples (n = 15 in each) representing high, moderate, and low levels of professional training/experience. The mean ages of these 3 groups were 27.7, 25.6, and 24.1 yrs, respectively. Alternate forms reliability coefficients were moderately high, and coefficients for composite scores based on all 3 simulations were somewhat higher. Significant relations were found between performance on the simulations and levels of training and experience. Results support the potential usefulness of standardized case management simulations in evaluating clinical problem-solving skills. (38 ref) (c)APA

13. Berven, Norman L.; Scofield, Michael E. "Evaluation of Clinical Problem-Solving Skills Through Standardized Case-Management Simulations." Journal of Counseling Psychology. March 1980; 27(2): 199-208.

Developed a computerized case-management simulation similar to patient-management problems used in medicine to evaluate clinical problem-solving skills. The exercise simulated the initial part of the rehabilitation counseling process from referral to eligibility determination. To demonstrate its use, the simulation was performed by a sample of 33 graduate students in rehabilitation counseling and a criterion group of 12 experienced counselors. Data analysis procedures were defined to compare the students as a group to the criterion group in terms of actions taken and the order in which they were taken. In addition, procedures were defined for quantifying the proficiency and efficiency of individual Ss and for characterizing S performance in terms of problem-solving approaches. (21 ref) (c)APA

14. Berzon, Paula; Lowenstein, Bruce. "A Flexible Model of Case Management." New Directions for Mental Health Services. March 1984; (21): 49-57.

Conducted a descriptive study of the young adult chronic patients in the Rockland County, New York, case management program in 1982. These

Ss made up about one-fifth of the cases in the program but made inordinate demands on the time and emotional resources of their case manager. Client information was gathered through interviews with case managers and through a survey of case management charts. Data included ages, rates of referral, diagnoses, program placements, residential placements, and entitlement sources. Ss include those functionally disabled, at least 18 yrs old, who had a primary diagnosis other than developmental disability, mental retardation, or alcoholism, and a history of psychiatric hospitalization. It is concluded that the case management unit has worked successfully with young adult chronic clients because of 12 principles involving the selection and use of case managers, unit operations, and unit relationships with other services. (6 ref) (c)APA

15. Blumenthal, K.; Weinberg, A. Eds. Establishing Parent Involvement in Foster Care Agencies. New York: Child Welfare League of America, 1984.

Chapters cover administrative responsibility in involving parents in the foster care system, solving parental problems through effective interagency coordination, and the use of case management to implement the best permanent plan for care of the child.

16. Boserup, D. G.; Gouge, G. V. The Case Management Model: Concept, Implementation, and Training. Athens, GA: Regional Institute of Social Welfare Research, 1980.

Three volumes cover: Vol.1 - Concept and Definition, Vol.2-Implementation Requirements, Vol.3 - Trainer's Manual. (SP)

17. Brown, Thomas E.; Learner, R. Max. "South Carolina Community Long-Term Care Project." Home Health Care Services Quarterly. Fall-Winter 1983; 4(3-4): 73-89.

South Carolina's Community Long-Term Care (CLTC) project was developed as a system for initial assessment, planning, case management, & reassessment of home-delivered health care services for the disabled elderly. Normally, community-based services have been available only to the very poor Medicaid recipients, although Medicaid has favored costly institutionalization of the elderly. The CLTC operated in Spartanburg, Cherokee, and Union Counties, & had 1,357 participants between 17 July 1980 & 30 June 1982. About 82% of patients were at nursing

home levels of care; 69% were women, & the average age was 74. Funding came from Medicaid, Medicare, the state government, & the Appalachia Region Commission. Statistics from the first year of operation show that 43% of experimental clients (number of cases = 282) versus 57% of control clients (number of cases = 337) were admitted to nursing homes during this period, demonstrating that community-based health care can help defray Medicaid & Medicare expenditures by avoiding unnecessary institutionalization. 4 Tables. Modified HA. +

18. Burt, Martha R.; Sonenstein, Freya L. "Planning Programs for Pregnant Teenagers: First You Define the Problem." Public Welfare. Spring 1985; 43(2): 28-36.

Critical issues regarding programs for pregnant & parenting teenagers are discussed based on data collected from 21 federally funded care programs established in 1982 by the Office of Adolescent Pregnancy Programs (department of Health & Human Services) & case records of 1,054 clients served by them. Cost effectiveness is analyzed for 8 programs, using regression equations to determine optimum locations, structures, costs, clients, services. It is concluded that public agencies involved in planning & promoting such services must develop good interagency coordination & establish clear guidelines for case management, tracking clients, & keeping adequate records. Suggestions are also provided for funding agencies. 3 Tables. K. Hyatt. +

19. California University, San Francisco. Institute for Health Policy Studies and San Francisco Family Service Agency, CA. Teenage Pregnancy and Parenting Project. 1983-84 Annual Report and Evaluation. 1985. Availability: ERIC ED 263225.

The Teenage Pregnancy and Parenting Project (TAPP) of San Francisco is a city-wide interagency service system coordinated by the city's Family Service Agency and Unified School District. Clients participate in pre- or post-natal service systems that provide free, personal, and continuous counseling for up to three years. Case managers identify and assess clients, plan services, link clients with needed services, monitor service delivery, and provide client advocacy. Among the findings was that case managers played a major role in the positive impact of the project.

20. Callahan, James J. (PROJECT SHARE (HEW), Rockville, MD) State Role in the Channeling Demonstration. July 1980. [PROJECT SHARE/OP-4] Availability: NTIS Project Share SHR-0004988.

This paper describes a Federal approach to long-term care which encourages contracting directly with the States for a national long-term care demonstration program of 'channeling.' The States could provide channeling agencies (community mechanisms that direct clients to needed long-term care services), including outreach, assessment, case management, and monitoring. Models for project planning group organization and a table of funding criteria are presented. An appendix contains variables affecting the success or failure of demonstration sites and seven references.

21. Cantor, Marjorie and others. "Workshop II: Case Management and Family Involvement." Mount Sinai Journal of Medicine. November/December 1981; 48(6): 566-568.

Twenty professionals in the health, non-medical health care, and social work fields met to discuss case management for the frail elderly who are with and without family involvement. In general, families provide an informal support system and are the primary caregivers, with other relatives and friends also providing support. The formal support system includes the range of services offered within a community. While many elderly have family support, there are many who do not because they are separated physically or emotionally from their families, or their families face emotional strain in caring for the elderly member. Case management with a coordinator is a way to link the informal and formal systems in a permanent or "as needed" arrangement. While the participants agreed that the case manager role should be a basic responsibility of the informal care system, it was not resolved whether the formal support services should be carried out under the auspices of accredited and accountable service programs or by trained paraprofessionals. (SP)

22. Capitman, John A. "Community-Based Long-Term Care Models, Target Groups, and Impacts on Service Use." Gerontologist. 1986; 26(4): 389-396.

The author describes approaches taken and the results of 5 demonstration projects that received the most attention in a national evaluation of community-based long term care. Among the issues examined in the evaluation were the relationships among the community care models, participant characteristics, and the project impacts on the use of traditionally covered services. The 5 projects shared 3 characteristics: 1) the projects assumed that the use of traditionally covered Medicare and Medicaid services could be changed by offering expanded case managed community care, 2) the need for paraprofessional home health services

for meeting the service needs of long-term care users for daily living, and 3) the need for case management as an administrative service for involvement with the formal care system, while integrating services provided by the informal and formal systems whenever possible. The author concludes that further research in community-based long term care still needs to look at service packages, financing approaches, and case management systems that can most cost-effectively meet service needs and improve the quality of life for community long-term care users. Tables and charts comparing the various aspects of the projects are included. (SP)

23. Capoccia, Victor A.; Robanske, Diana. (Boston College, Chestnut Hill, MA. Bureau of Human Services Education and Research) Practice Based Learning: Learning from Theory in Action. 1980. Availability: NTIS Project Share SHR-0004509; Presented at Authors Forum, Annual Program Meeting, Council on Social Work Education, Los Angeles, California, March 11, 1980.

In 1979 the Massachusetts Department of Public Welfare (DPW) awarded a contract to the Bureau of Human Services Education and Research to conduct a series of inservice casework seminars at social service agencies across the State. This paper identifies and tests some of the learning assumptions inherent in the seminars (and in most community-based education for social workers), explores how these assumptions vary with environmental, professional, role, and organizational strategy factors in the service system, and proposes alternative learning approaches. The casework seminars were based on the assumptions that education of professional social workers is founded on general theory that can be applied to specific cases (didactic learning theory), that training in a social services agency should be skills-oriented (competency-based learning theory), that a gap in 'skill level' and experience between learner and teacher can be bridged to the advantage of the learner, and that the seminars can teach specific treatment approaches consistent with DPW's policy. However, the paper points out that many circumstances impinge on the service environment and interfere with these assumptions and with the benefit of social service training based on these assumptions. For instance, environmental factors (e.g., tax reductions aimed at welfare program monies, various legal proceedings the DPW is involved in, and the level of personnel turnover) affect social services delivery, as do role factors (e.g., a move from direct provision to services purchasing, resulting in case management and administrative roles for professionals) and organization strategy factors (e.g., adoption of new treatment strategies like short-term assessment models

for protective services). The most important finding of the study was that the casework seminars were successful largely because they followed a learning systems approach in which the participants themselves set learning objectives, seminar content, and case-based learning problems.

24. Caserta, Joan. "Public Policy for Long-Term Care." Geriatric Nursing. July-August 1983; 4(4): 244-248.

Discusses how the present health care system evolved and how it must change in the future to handle the growing population of elderly. Most elders cannot afford medical care as it is now organized. Malnutrition is widespread and increasing, because many elders are too poor to purchase adequate food, or because disability, depression, or fear of crime keep them from shopping for food and cooking it. It is proposed that each community needs an organized, accountable, effective long-term care system with a combination of health, social, and community support services. Services should include institutional, ambulatory, home health, and mental health care; social support; transportation; meals on wheels; chore services; and respite care. The right of self-determination for the individual in need of long-term care must be maximized even when resources are limited. Health care and social long-term care must be designed at the local level to operate in a simple, coordinated, comprehensive fashion. Registered nurses will need greater skill in case management and supervision as more care is delivered by aides and volunteers from multiple agencies. (9 ref) (c)APA

25. Chubon, Robert A. "Genesis II: A Computer-Based Case Management Simulation." Rehabilitation Counseling Bulletin. September 1986; 30(1): 25-32.

Discusses potential applications of microcomputers in rehabilitation counselor education. An overview of Genesis II, a computer program developed to provide students with expanded learning experiences in case management and to provide realistic client data for use in a variety of course activities, is presented. (c)APA

26. Cockran, Donald. "Risk/Need Client Classification System." International Journal of Offender Therapy and Comparative Criminology. December 1981; 25(3): 248-253.

The Massachusetts Probation Service has instituted a Risk/Need Client Classification System to develop a sound case management system, leading to an optimal allocation of probation resources. The probation service intends to use the classification system as a tool to better meet its mandate of serving, fairly & equitably, the interests of the courts, probation client, & the community. 9 References. HA. +

27. Cohn, Anne H.; DeGraaf, Beverly. "Assessing Case Management in the Child Abuse Field." Journal of Social Service Research. 1982; 5(1-2): 29-43.

In order to identify essential elements of quality case management in the child abuse field and determine the relationships between case management and treatment outcome, 354 child abuse cases were studied using audit techniques developed in the medical field. It was found that the variables identified as contributing to quality case management do not necessarily directly affect treatment outcome; however, the variables identified serve as important guidelines for future studies in this area. (13 ref) (c)APA

28. Compher, John Victor. "Case Conference Revisited: A Systems View." Child Welfare. September-October 1984; 63(5): 411-418.

A method & a role are suggested to disentangle clients from a social service network that has turned into a web: case conferences that include staff members of involved services, & the systems-oriented case manager. As the coordinator of the client's social service network, the case manager would mediate the overt & covert conflicts that often exist among professionals who are involved simultaneously with a given client. A case study involving a successful case is presented. 9 References. Modified HA. +

29. Corinne, Jane. (Texas Research Institute of Mental Sciences, Houston. Texas Project for Elders) Aging, Living and Caring: A Handbook for Family and Friends. June 1983. Availability: NTIS Project Share SHR-0010886.

This handbook is written for caregivers of the elderly living in Houston, Tex., who are part of the Texas Project for Elders. This project helps caregivers locate needed services or goods. The handbook explains the role of the Texas Project for Elders case manager, normal aspects of aging, feelings that caregivers often experience, and sources of support

to alleviate caregivers' feelings and problems. It lists sources of information on specific conditions (cancer, deafness, etc.), telephone information services, and community resources (financial assistance, medical services, in-home services, transportation, activities, and housing). Nine references and a glossary are provided.

30. Curtis, W. Robert. (PROJECT SHARE (HHS), Rockville, MD) Managing Human Services With Less: New Strategies for Local Leaders. September 1981. [HUMAN SERVICES MONO SER-26] Availability: NTIS Project Share SHR-0103101.

This paper discusses strategies local leaders could employ in the management of human services during time of scarce resources. It looks at how three demonstration projects consolidated power. Each of these projects successfully reoriented its area's view toward existing resources, turning it away from the popular notion that more is better. Also discussed are barriers to effective management, organizational structures, colocation, human service networks, and team management. In an examination of service delivery with fewer professionals, the paper also touches upon case management ideas, the client pathway, community and institutional care, professional care and mutual care, and self-management and self-care. Finally, a section on community leadership looks at the generalist manager, a framework for reallocation of resources, retraining and untraining techniques, and other issues. Tables, References.

31. Deitchman, Walter S. "How Many Case Managers Does It Take to Screw in a Light Bulb?" Hospital & Community Psychiatry. November 1980; 31(11): 788-789.

The author questions whether service providers are able to help chronically disabled clients improve the quality of their lives so that the clients see themselves as actively participating in society. The case manager should be able to link clients to needed services, fill gaps in service areas, and cut down on duplication of services. Case management could be one step in that task if the service providers could develop and apply practical applications of the concept to client needs in ways that demonstrate tangible results. (SP)

32. Dennis, Deborah L. (Brandeis University, Waltham, MA) Role of Professional Ideology in a Bureaucratic Work Setting: A Look at Case Management. 1985. Availability: NTIS; Presented at the Society for the Study of Social Problems Conference.

Lipsky's (1980) contention that the professional service ideal is incompatible with the need to judge & control clients for bureaucratic purposes is examined in light of Sarfatti-Larson's (1977) argument that bureaucracy & professions are complementary rather than contradictory modes of organizing & controlling work. Participant observation was used to investigate the role of professional ideology in a human service organization. Data were collected through field observations & interviews over a 4-month period as a known observer of 27 case managers in the context of their everyday interaction with formal policy, administrators, supervisors, clients, & other professionals. Professional ideology in the form of the service ideal appears to complement bureaucratic organization in human services rather than conflict with it. The ideology of the professional service ideal is invoked by supervisors & administrators to control worker discretion & to maintain a higher level of productivity. This ideal-some notion of professional autonomy & the label of professional-is adopted by workers to lend meaning & status to work that is both alienating & economically unrewarding. One implication of the findings is that if professions & bureaucracy are not inherently contradictory, then the problems of human service work & bureaucratic service delivery are not immutable, & are, at least in part, attributable to policymakers & program administrators. Professionalization, rather than a solution to the problem of bureaucratic service delivery, may be a part of the problem & must be questioned by policymakers, program administrators, workers, & clients as a preferred way of delivering human services, & by workers as a means for greater control over their work. +

33. DeVoe, Marianne; McClam, Tricia. "Human Services Worker as Case Manager: A Workable Model." Journal of Humanics. May 1982; 10(1): 99-110.

Evidence is presented for viewing the human service worker not only as a caretaker, but as a case manager; guidelines & specific functions are offered in order that workers might best decide when this role is appropriate. The concept is illustrated by a case example. 4 References. K. Hyatt. +

34. DeWeaver, Kevin L.; Johnson, Peter J. "Case Management in Rural Areas for the Developmentally Disabled." Human Services in the Rural Environment. 1983; 8(4): 23-31.

Rural residence and social service delivery, role of the social worker, availability of services (staff count), and special training for service

providers are examined to propose that case coordination, focusing on services to the client, is more appropriate than case management in meeting the needs of the rural developmentally disabled.

35. Dombrowicki, Angela S. (Wisconsin Division of Community Services, Madison) Case Management Pilot Projects in Selected Community Services Boards. Final Report. December 1980. Availability: NTIS Project Share SHR-0006180.

This report describes the activities and accomplishments of a 3-year case management project administered by the Wisconsin Department of Health and Social Services, using several types of case management models. Five Wisconsin counties served as project sites for implementing and testing the models. Definitions, goals, structure, and support for case management varied among the project sites. However, each of the sites established objectives, delineated authority and responsibility, developed systems management activities, created an approach to case management components, dealt with the issue of confidentiality, considered cost effectiveness, developed strategies for changing objectives, and considered system strengths and weaknesses. The project planning process began with a consideration of the problems which case management was expected to solve at the individual project site and then proceeded to systems definitions, resource identification, determination of the model's effect on staff, and development of an evaluation mechanism. Each of the project sites is described in detail. Copies of forms, correspondence, and charts are included.

36. Dybdal, Louise. (Wisconsin Department of Health and Social Services, Madison. Human Services Developmental Section) Human Services Development Series: Case Management in Selected Wisconsin Counties. September 1980. Availability: NTIS Project Share SHR-0008698.

This document describes case management efforts as a tool for improving services delivery in 11 counties of Wisconsin, including Eau Claire, Taylor, Racine, Jefferson, Columbia, Brown, Chippewa, Wood, Washington, Douglas, and Outagamie. It is intended to be a guide/compendium for use by these and other counties as they consider adding or modifying their case management approaches. Three case management models are presented, involving these components: case assessment, service planning, referral and services requisition, and monitoring and information systems. Case management costs are also considered. The paper discusses such case management issues as the provision of direct services by case managers, if case management should be provided to all clients,

and if case managers should be specialists or generalists. The paper also considers the information systems needs of case management and what happens when multiple agencies providing case management serve the same client. The document suggests that counties follow certain process steps as they explore case management options: assessment, information gathering, design, cost/benefit analysis, implementation, and self-evaluation. Two sources of information on case management in Wisconsin are listed. Appendices present a composite of 1-page summaries of the separate county case management efforts, a more detailed description of the more developed county case management systems, and a compilation of the case management forms mentioned in the document.

37. Dye, Ken. (North Carolina State University at Raleigh. Center for Urban Affairs and Community Services) Future Operating Structure Guidelines. 1980. Availability: NTIS Project Share SHR-0010528, Publication no. 80-014-37, Miscellaneous report no. MR-040; See also related documents, SHR-0010522—SHR-0010527; SHR-0010529—SHR-0010531.

This report details the operating structure of the Stanly County Case Management System (SCCMS) in North Carolina after the end of a 2-and-a-half-year (1978 to 1979) development project. The SCCMS's entire management structure is based on the concept of single-point accountability, whereby relations between centers and performance expectations are exact and well defined. Major management action and performance requirements are outlined for each kind of management action and performance requirements are outlined for each kind of management center. A specification of desired results for Stanly County identifies the population to be served, lists constraints which limit the system's operation, and defines needs addressed by the system. Specific needs discussed are inappropriate social situation for adults and children, inadequate nutrition, inadequate shelter, psychological dysfunction, lack of developmental or age-appropriate skills and behavior, inadequate clothing, inadequate financial resources, inadequate information about sex, birth control, childbirth, or family life, illness or injury, disability, lack of transportation, drugs or alcohol abuse, and lack of employment opportunities. The two options available to agencies to interface with the system are described. Charts and diagrams are provided.

38. Dye, Ken; Mandell, Lee. (North Carolina State University at Raleigh. Center for Urban Affairs and Community Services) System Management Guide. 1980. Availability: NTIS Project Share SHR-0010525, Manual

series no. M-046, Publication no. 80-014-33; See also related documents, SHR-0010522—SHR-0010524; SHR-0010526—SHR-0010531.

This document discusses the methods employed by management centers in North Carolina's Stanly County Case Management (SCCM) project to maintain the system's cost effectiveness, with attention to trouble shooting as well as routine activities. The SCCM system is designed to operate on a management by exception basis, monitoring outcomes and alerting the manager when goals are not being achieved so that corrective action can be taken. Other basic principles include single-point accountability, client centrality, and separation of case management from direct service provision. The guide describes tools to assist the manager: the management structure, a set of defined activities and responsibilities that helps the manager discover potential problems; the management information system which provides current information on the system's operations; and the budget structure. A discussion of client management addresses the high degree of professionalism demanded by the system among both case workers and managers and suggests supervisory tactics for the client manager that enhance the case worker's effectiveness and promote good employee relations.

39. Emener, William G.; Spector, Paul E. "Rehabilitation Case Management: An Empirical Investigation of Selected Rehabilitation Counselor Job Skills." Journal of Applied Rehabilitation Counseling. Summer 1985; 16(2): 11-12.

Describes the results of a national survey that focused on the importance, difficulty of learning, and recommended learning modality of 30 rehabilitation counselor (RC) case management job skills. Ss were 492 certified rehabilitation counselors. Factor analysis of items relating to the extent to which each skill was a part of an RC's job yielded 6 factors: Working with Clients, Planning, Working with Others on Clients' Behalf, Making Judgments, Working with Professionals, and Synthesizing and Processing Information. Most of the 30 skills were rated as approximately equivalent in difficulty of learning. During service (i.e., on the job with supervision) was rated most often as the most preferred modality for learning these skills, and inservice (i.e., formal continuing education) was rated as least preferred. A list of the 30 items and 3 scales used in the case management survey is included. (37 ref) (c)APA

40. Fein, Edith and others. "Roles of the Social Worker in Permanency Planning." Child Welfare. July-August 1984; 63(4): 351-359.

The movement from theory to practice in permanency planning is described on the basis of the experience of an Ore project, reported by Arthur Emlen et al (Overcoming Barriers to Planning for Children in Foster Care, Portland, Ore: Regional Research Institute for Human Services, 1977). Several roles are distinguished conceptually: the case planning, therapeutic, case management, client advocacy, & court witness roles, all illustrated by a case history. 12 References. Modified HA. +

41. Gaitz, Charles M. "Diagnosis and Treatment of Mental Illness in Later Life." Community Mental Health Journal. Summer 1985; 21(2): 119-130.

Recent research findings on the clinical care of elderly psychiatric patients are summarized. Guidelines are offered for the diagnosis & treatment of organic mental disorders, (eg, dementia) & affective disorders (eg, depression). It is noted that the interaction of physical & psychiatric factors is especially significant among elderly patients. The elderly also have special needs in terms of their social support systems, & usually require assistance in identifying & coordinating various types of care that may be available to them from public health & social services; a case management approach is recommended. 15 References. C. Waters. +

42. Gaitz, Charles M.; Wilson, Nancy L. "Comments By a Psychiatrist and a Case Manager." Gerontologist. 1986; 26(6): 606-609.

A specific case of drug misuse with an elderly person is used to illustrate several issues and problems in community care for frail elderly persons, particularly those living alone. The rights and responsibilities of the patients, as well as those of the caregivers, are discussed in view of the important decisions that the health and social service professionals must make in regards to assessing a patient's physical and mental states. Because the elderly often have multiple caregivers managing the case, coordinated information sharing, and respect for the roles and contributions of each individual are very important in avoiding duplication of services, inefficient use of resources, and harm to the patient. (SP)

43. Goldstrom, Ingrid D.; Manderscheid, Ronald W. "A Descriptive Analysis of Community Support Program Case Managers Serving the Chronically Mentally Ill." Community Mental Health Journal. Spring 1983; 19(1): 17-26.

Administered a 23-item questionnaire to 211 case managers (mean age 36 yrs) who served community-based chronically mentally ill persons of the Community Support Program (CSP) of the National Institute of Mental Health. Information was obtained on Ss' demographic characteristics, education, job training, job history, current job activities, and locus of employment. Results reveal that the typical CSP manager is white, female, and highly educated. (16 ref) (c)APA

44. Greene, Vernon L.; Monahan, Deborah J. "Comparative Utilization of Community Based Long Term Care Services by Hispanic and Anglo Elderly in a Case Management System." Journal of Gerontology. November 1984; 39(6): 730-735.

Compared utilization of formal and informal supports by 21 Hispanic and 87 Anglo enrollees (mean age 74.5 yrs) in a comprehensive case management system. Hispanics, on the average, used significantly fewer agency services than did Anglos, despite a tendency to exhibit higher levels of impairment. Hispanics utilized significantly higher levels of informal support, however, and this may have been a mediating factor in their lower use of agency services. It is suggested that this situation in effect uses the efforts of informal caregivers to subsidize increased care to other groups. (11 ref) (c)APA

45. Hargreaves, William A. and others. "Measuring Case Management Activity." Journal of Nervous & Mental Disease. May 1984; 172(5): 296-300.

Presents a method for measuring the activities of case management in the care of the severely mentally disabled in catchmented public community mental health care (CMHC) systems. Two variants of the method were compared, interviewing case managers and record abstracting, for 40 Ss recently discharged from acute patient inpatient care. The methods appeared to yield comparable results. The record abstract method seems workable for retrospective examination of case management in a CMHC system and for the comparison of case management in different systems. (9 ref) (c)APA

46. Harris, Maxine; Bergman, Helen C. "Case Management with the Chronically Mentally Ill: A Clinical Perspective." American Journal of Orthopsychiatry. April 1987; 57(2): 296-302.

Suggests that while case management is frequently seen as a valuable part of treatment for chronically mentally ill patients, the focus is often

on its managerial rather than its clinical elements. A rationale for case management as an intervention with clinical merit is presented on the basis of integrative, rational, proactive, and individualized processes. Emphasis is placed on how case management can promote internalization, an evolution of personal identity, and healthy ego functioning. (PSYCINFO Database Copyright 1987 American Psychological Assn, all rights reserved).

47. Hartmann, Ann; Laird, Joan. Family-Centered Social Work Practice. New York: Free Press, 1983.

Presents an ecological system model of practice that puts the family at the center of concern and integrates and applies theories and techniques from many sources. Analyzes the current state of the American family and the context of social policies and programs surrounding family practice. Various processes for getting started including, engagement, contracting, and interviewing between family and social workers. The agency setting, and case management are also discussed. Three approaches to assessment and intervention strategies are also discussed.

48. Horner, William Clifford; Pippard, James L. "Goal Attainment Scaling in the Context of Rural Child Welfare." Child Welfare. September-October 1982; 61(7): 414-423.

Goal Attainment Scaling (GAS) is proposed as an approach to the evaluation & improvement of child welfare services. Its application is necessarily dependent on a model of practice for the field. The case management model offers an approach to child welfare compatible with GAS. Rural child welfare services are a context within which the case management model is particularly appropriate, as many of its assumptions are already met by the rural social structure. Specific methods are proposed for carrying out GAS within a rural child welfare context, including steps of data collection, assessment, goal setting, & feedback on goal attainment. 1 Figure, W. H. Stoddard. +

49. Intagliata, James. "Improving the Quality of Community Care for the Chronically Mentally Disabled: The Role of Case Management." Schizophrenia Bulletin. 1982; 8(4): 655-674.

Reviews the case management (CM) literature in order to integrate a number of key concepts and findings that must be considered by those responsible for the planning, administration, and provision of effective community care to the chronically mentally disabled. A discussion of the

reasons for the current popularity of the CM concept within human services is followed by a detailed presentation of the objectives, ideology, functions, and structural elements that characterize CM systems. A series of practical problems and issues that must be addressed to effectively implement a CM system are identified and analyzed. A set of recommendations for those developing CM systems is offered, and a number of important unanswered research questions about the delivery and impact of case management services are identified. (45 ref) (c)APA

50. Intagliata, James and others. "Role of the Family in Case Management of the Mentally Ill." Schizophrenia Bulletin. 1986; 12(4): 699-708.

The authors discuss and assess the potential and actual contributions that families can make in the case management of chronic mentally ill relatives. Among those contributions are the assessment of the patient's needs and abilities to function, assistance in daily living, providing crisis intervention, and playing advocacy roles for the mentally ill. Contributions of family members should be acknowledged and encouraged by mental health professionals. (SP)

51. Intagliata, James; Baker, Frank. "Factors Affecting Case Management Services for the Chronically Mentally Ill." Administration in Mental Health. Winter 1983; 11(2): 75-91.

Results of case management studies are synthesized with case management literature to summarize factors influencing case management services. Discusses characteristics of individuals providing case management, the clients they serve, the design of their jobs, and the service network in which they work.

52. Ivry, Joann S. Social Service Agencies & Family Members: An Attempt at Partnership Through Training of Family Members as Case Managers [Dissertation]. Columbus, OH: Ohio State University, 1985.

53. Jerrell, Jeanette M.; Larsen, Judith K. "Policy Shifts and Organizational Adaptation: A Review of Current Developments." Community Mental Health Journal. Winter 1984; 20(4): 282-293.

Changes in the operations & structure of community mental health centers in response to policy & funding shifts at the state & federal levels are examined, based on interview & questionnaire data collected from mental health authorities in 15 states & from staff in 71 local mental health centers. Clinical & administrative staffing changes reflect both

cutbacks in funding for traditional outpatient & inpatient services, as well as increases in partial care, & in community, residential & case management services. Centers are diversifying their funding sources, especially through increased revenues from Medicare-Medicaid sources. Governing boards remain active in center policy making, with few changes in their composition. Current adaptation strategies focus mainly on enhancing efficiency, reviewing service costs, expanding services to more viable markets, & improving business practices. These actions & strategies are compared to findings from previous studies, & their implications are discussed. 2 Tables, 10 References. Modified HA. +

54. Johnson, Peter J.; Rubin, Allen. "Case Management in Mental Health: A Social Work Domain?" Social Work. Jan-Feb 1983; 28: 49-55.

Despite the growing popularity of case management in caring for clients' multiple needs, the concept lacks clarity, with alternative approaches focusing variously on psychotherapy or the provision of resources. Citing the conceptual commonality between social work and case management, the authors explore the potential for claiming case management as a social work domain.

55. Junewicz, Walter J. "A Protective Posture Toward Emotional Neglect and Abuse." Child Welfare. May-June 1983; 62(3): 243-252.

Reviews legislation related to defining emotional neglect and abuse, classifies cases, frequently reported to child welfare agencies, and suggests case management approaches for emotional neglect. Five types of family environments are vulnerable to child neglect or abuse: those with mentally ill parents, drug- or alcohol-involved parents, interactional stress environments (usually due to marital discord), inadequate parental life adjustment, or those in which parents displace their own conflicts on their children (such as in cases of illegitimacy). (14 ref) (c)APA

56. Kanter, Joel S. "Case Management of the Young Adult Chronic Patient: A Clinical Perspective." New Directions for Mental Health Services. September 1985; 27:77-92.

Discusses the clinical practice of case management, highlighting the special problems of the young adult chronic patient from the perspective of the direct service professional. The structure of the managerial relationship, the development of appropriate treatment plans, the use of community resources, and the provision of continuity of care are described. For the majority of patients who can benefit from a therapeutic rather

than an asylum approach, managerial interventions can be designed to foster personality growth by providing support and structure in titrated doses that facilitate community survival while offering opportunities for further maturation. Over time, patients internalize the modulating presence of the case manager, so that contact with him/her may be reduced. However, formal termination is rarely appropriate. (41 ref) (c)APA

57. Kemp, Bryan J. "Case Management Model of Human Service Delivery." Annual Review of Rehabilitation. 1981; 2:212-238.

Discusses the case management model in rehabilitation, its description, and its advantages and disadvantages. This method has been widely adopted in vocational rehabilitation, and for the most part, with good results. A case manager must fulfill many roles, ranging from diagnostician to organizer and advocate. The principal disadvantages of this approach are the multiple roles it requires one person to play and the issue of burnout among professional case managers. Included in the discussion are counseling styles, job performance, and role strain. (41 ref) (c)APA

58. Koff, T. H. "Case Management in Long Term Care: Assessment Service Coordination." Hospital Progress. 1981; 62(10): 54-57.

The first goal of long-term-care services should be to seek ways to buttress the family and its competence and capacity to cope with increasing demands and strains. The first contact an elderly person makes should be through an assessment service that relates the most appropriate service package to the individual's needs. The assessment process should link the individual to the case manager, who should be in a position to secure services. Because eligibility requirements based on income restrict access to many services, considerable effort may be required to generate money for demonstration programs necessary to respond to the needs of large groups of the elderly. Six case studies are presented, and the need for a national policy regarding long-term care is emphasized.

59. Kolisetty, Nageswar R. A Study of Case Management Systems in Delivery of Social Services [Dissertation]. Illinois: Chicago, December 1983.

A study which examined the elements of case management models used by the agencies funded by the Department of Mental Health and Developmental Disabilities in Chicago; investigated the influence of the nature

of workflow—variability, complexity, and interdependence—on the administrative structure of case management, particularly in the areas of decision making, coordination, and communication; and explored the nature of interagency relationships.

60. Kosberg, Jordan I.; Cairl, Richard E. "The Cost of Care Index: A Case Management System Tool for Screening Informal Care Providers." Gerontologist. 1986; 26(3): 273-278.

Among the important decisions made in working with the impaired elderly are those regarding placements, those from an institutional setting to a residential setting and vice versa. Generally, the elderly person is placed in the home or in the care of a family member. There is increasing evidence of the excessive burden and pressure placed on the caregiver from the demands of providing care, and that stress can lead to improper or inadequate care, or even abuse of the elderly relative. Despite this evidence, this "informal" care giving situation is chosen by health and social service professionals as the solution to discharging the elderly from institutional care or as a service plan for those with multiple problems. The Cost of Care Index (CCI) was developed in recognition of the need for a tool to assist informal or potential caregivers is assessing possible problems in carrying out their role. In addition, the CCI was seen as a mechanism within the case management process for identifying areas for family assistance. Though not validated at the time of this writing, the CCI was found to be helpful for professionals in decision making, family screening, peer group interaction, and counseling endeavors. (SP)

61. Krell, Helen L. and others. "Child Abuse and Worker Training." Social Casework. November 1983; 64(9): 532-538.

Compared, using an abilities survey, workers engaged in assisting families in which children were abused, neglected, or at serious risk of maltreatment. 14 Ss had previously participated in a study (support) group, 9 Ss were about to begin participation in a study group, and 9 Ss did not participate in a study group and served as controls. Regression analysis showed that the support group had a substantial effect on former participants. They scored significantly higher in job-related insights, emotional coping skills, skills with families, and skills with colleagues. Study groups met weekly for 6 mo and had 2 follow-up sessions. Co-leaders identified and encouraged exploration of case management dilemmas raised by group members, and books and articles to read were provided.

Illustrations of help the group gave to workers are given. It is suggested that this kind of group lessened the risk of worker burnout. (c)APA

62. Kurtz, Linda F. and others. "Case Management in Mental Health." Health & Social Work. Summer 1984; 9(3): 201-211.

Reports findings from a survey of 403 case managers (aged 21-77 yrs) in community mental health centers that examined how workers' educational level, professional identification, and demographic characteristics influenced their performance of case management tasks. It was found that education had the most significant correlations with case activities: Ss with higher levels of education were more likely to perform tasks such as social history taking, family interviewing, and obtaining information from other agencies; were more likely to engage in monitoring activities; and were more likely to form service plans and discuss clients with other staff. (c)APA

63. Lahti, Janet and others. "Dissemination and Utilization of Permanency Planning Strategies for Children in Foster Care." Children and Youth Services Review. 1981; 3(4): 357-372.

The Oregon Project (Regional Research Institute for Human Services, Portland State University, 1976-80) successfully developed & applied rigorous methods of case management with the goal of expeditiously moving foster children into permanent homes. The national Permanent Planning Project provided a unique opportunity to disseminate the results of the Oregon Project & to assist states in utilizing its methods when they seemed useful. Assisting states required a needs assessment to identify unique problems in each state. A state plan was then prepared to address important problems; an effort was made to implement the plan. Implementation was the largest segment & involved training for social workers, supervisors, administrators, & community groups, & consultation on such issues as how to obtain needed changes in the law related to children & how to implement program changes within the existing system. The unprecedented success of this project can be seen in the diverse activities directed toward foster care reform & in outcomes for children. Modified HA. +

64. Lamb, H. R. "Therapist-Case Managers: More Than Brokers of Services." Hospital & Community Psychiatry. November 1980; 31(11): 762-764.

To adjust satisfactorily to the community, the long-term patient often needs assistance in dealing with a bureaucracy of agencies and departments. Some professionals have suggested establishing the role of case manager. Ironically, the case management system is susceptible to becoming an impersonal bureaucracy itself. Only through significant therapeutic involvement does a case manager acquire an in-depth knowledge of the patient that is necessary to assess his or her needs and facilitate the process for meeting them. Thus the case manager should be not simply an intermediate broker of services, but the patient's primary therapist.

65. Lanoil, Julius. "Chronic Mentally Ill in the Community: Case Management Models." Pychosocial Rehabilitation Journal Spring-Summer 1980; 4(2): 1-6.

Discusses case management approaches utilized in the treatment of the chronic mentally ill. Case management in a psychosocial center is described, and the pros and cons of 3 other major models of case management are compared to it. (c)APA

66. Levine, Irene Shifren; Fleming, Mary. Human Resource Development: Issues in Case Management. Baltimore: Center of Rehabilitation and Manpower Services, University of Maryland, 1984.

This book provides an overview of the range of issues which impact on the development of human resources to implement case management systems for the long-term mentally ill. Chapters cover case management definitions and models, human resource development, and various aspects of case management systems management. (SP)

67. Lister, Larry. "System Linkage: Dealing with Sexual Issues in a Case Management Approach." Journal of Social Work & Human Sexuality. Fall 1983; 2(1): 33-51.

Describes system linkage roles that are performed by the social worker when implementing the case management process to deal with sexual issues. It is noted that a major portion of a social worker's time is spent in system-maintenance and linkage activities that are necessary to the provision of health and welfare services required in contemporary society. A model of case management is presented to facilitate a planned process of assistance by various parties who are relevant to the case situation. The components of the model include behavioral specificity, resources, accountability, coordination, evaluation, and system as an

integrated whole. It is concluded that, if social workers maintain the focus on system linkage, there will remain guarantees that the sexuality of patients will be protected and enhanced and the quality of patients' lives will remain a primary concern in the provision of health care services. (17 ref) (c)APA

68. Lohmann, Roger A. "Comprehensive What? Coordination of Whom? Rural AAA's and the Planning Mandate." Journal of Applied Gerontology. June 1982; 1:126-140.

The rural area agency on aging (AAA) does not & cannot engage in effective social planning. It is overwhelmed by responsibility for substate decision making. Several characteristics of present AAA planning are identified, including plan preparation, rationalized decision making, substate decision making, & needs meeting. Widespread acceptance of the legitimacy of AAA planning goals has generated 3 alternative approaches: the "case management", "interorganizational", & "community structure" approaches. Effective rural planning for the aged might combine elements of these approaches in an effective regional planning strategy. 29 References HA. +

69. Maguire, Lambert. Understanding Social Networks. Beverly Hills, CA: Sage Publications, Inc, 1985.

Directed towards a diverse audience including practitioners & students in the mental health & social service professions, this text is Vol 32 of the Sage Human Services Guides, with an Author's Introduction. References are included at the end of each Chpt, & exercises for the student are provided. The organization in II PARTS & 7 Chpts is as follows: PART I—NETWORKING: WHAT IS IT AND WHY WE DO IT—contains (1) What Is Networking?-which defines networking & gives examples. (2) Networking & Self-Help-discusses the current interest in self-help & how professionals can work with networks. (3) Social Networks & Social Support-examines the effect of networks on health & mental health. PART II—NETWORKING: THE INTERVENTIONS— presents (4) Networking with Individuals—which explains how to analyze a personal network. (5) Self-Help Groups-details methods of working with such groups as a networker. (6) Networking with Organizations-describes case management & developing human service networks. (7) Networking with Communities-considers means of working with natural helping networks & developing a community's resources for the purpose of empowerment. 7 Figures, 128 References. +

70. Mandell, Lee; Ballou, Richard. (North Carolina State University at Raleigh. Center for Urban Affairs and Community Services) Cost/Effectiveness Simulation Model Documentation Manual. Edition Number Two. 1980. Availability: NTIS Project Share SHR-0010530, Manual series no. M-043, Publication no. 80-014-29; See also related documents, SHR-0010522—SHR-0010529, SHR-0010531.

This report describes the detailed design of the simulation model developed by the Stanly County Case Management System (SCCMS) in North Carolina to compare projections, over time, of the cost effectiveness of agency operations as they would be with and without the SCCMS. Simulation addresses the problem faced by a project implementing a case management system in demonstrating to decisionmakers the superior cost effectiveness of the new system over traditional service delivery modes. An introduction summarizes the concepts of case management and simulation modeling as well as the development of the SCCMS's two models—agency or precase management and case management. Diagrams and references are included.

71. Mandell, Lee M.; Dye, Ken. (North Carolina State University at Raleigh. Center for Urban Affairs and Community Services) Stanly County Case Management System Development and Simulation Project: Utilization and Policy Paper. 1980. [MR- 039] Availability: NTIS Project Share SHR-0010794.

The Stanly County Case Management System (SCCMS) Development and Simulation Project undertaken by three human service agencies in North Carolina shows that service integration represents a less expensive and more effective method of delivering human services. The project involved the design and development of a case management system for the county and an automated management information system to support case management. It evaluated the case management system by means of a cost-effectiveness comparison with previous methods of service coordination in the county using, in part, a computer simulation model. SCCMS links existing human service agencies together to meet the basic needs of human service clients and to ensure human service accountability to the community. Principles guiding the SCCMS are client centrality, results orientation, single-point accountability, management-by-exception, and separation of case management from direct service provision. Tools used by SCCMS managers include the client pathway (a set of procedures related to client outcomes), the client-oriented record, a program-service directory and index, the management

structure, and the management information system. To eliminate barriers to implementing integration at the local level, the report recommends that Federal programs should eradicate specific reporting and evaluation requirements for areas that develop outcome-oriented replacements and should create rewards for State and local governments that coordinate services. An annotated bibliography is appended.

72. Mandell, Lee M.; Dye, Kenneth L. (North Carolina State University at Raleigh. Center for Urban Affairs and Community Services) Stanly County Case Management System: Evaluation Report. 1980. [MR-036] Availability: NTIS Project Share SHR-0010793; See also SHR-0010522, SHR-0010523, SHR-0010524, SHR-0010525, SHR-0010526, SHR-0010527, SHR-0010528, SHR-0010529, SHR-0010530, SHR-0010531.

This document presents a traditional evaluation of the Stanly County (North Carolina) Case Management System's (SCCMS) impact on clients and human service agencies, a cost- effectiveness simulation of future SCCMS operations, and an independent evaluator's analysis of the system's documentation and operations. During 1978 to 1979, the Stanly County Department of Social Services, Mental Health Centers, and Health Department, with technical assistance from North Carolina State University, conducted the SCCMS Development and Simulation Project to produce an integrated human service delivery system based on a results orientation, client centrality, single-point accountability, management by exception, and separation of service provision and case management. The report includes tables, notes, recommendations, a discussion of policy issues affecting the implementation of human service systems, and additional materials on the statistical analyses.

73. Marlowe, Herbert A. and others. "The Mental Health Counselor as Case Manager: Implications for Working with the Chronically Mentally Ill." American Mental Health Counselors Association Journal. October 1983; 5(4): 184-191.

Defines and discusses issues for the counselor who assumes the role of case manager for persons with serious emotional disabilities. The development of case management is based on 2 categories of assumptions: systemic and individual. Systemic assumptions are those made about the system through which mental health clients receive services. Specifically, 4 assumptions are made about the service delivery system: (1) discontinuity of the service system, (2) rigidity of the service system, (3) service system fragmentation, and (4) overuse of costly hospital

beds. Individual assumptions refer to the constellation of assumptions that are made about the chronically mentally ill as persons: (1) inappropriate use of services, (2) deficient coping skills, (3) lack of sustained interpersonal relationships, (4) high vulnerability to stress, and (5) loneliness and isolation. Five primary tasks or activities of the case manager identified by J. L. Marlowe (1982) and R. Willetts (1982) are discussed: assessment, planning, linking, monitoring, and advocacy. Issues for the mental health counselor as case manager are also discussed, including role identity and changes in professional activities. (29 ref) (c)APA

74. Massachusetts Mental Health Center, Boston. Community-Based Case Management as a Method of Accessing Services for Residents of Intermediate Care Facilities. Geriatric Assessment and Resource Center Model Project. Final Report. 1 March 1982. Availability: NTIS Project Share SHR-0009485.

The Geriatric Assessment and Resource Center designed and implemented a model system of human services for the frail elders within the Massachusetts Mental Health Center catchment area in order to achieve an improved level of self-sustained community living for that population. The project created a mechanism through which community services and programs could become available to elders in nursing homes. Project objectives included decreasing the isolation of frail elders by increasing the availability of community resources, increasing the participation of nursing home residents' family and friends in service provision, developing a geriatric day treatment strategy, and expanding rehabilitation service programs. Implications of the results are discussed, and policy recommendations are offered. Case management forms and study products are appended.

75. Miller, Leonard S. and others. "Comparative Evaluation of California's Multipurpose Senior Services Project." Home Health Care Services Quarterly. Fall 1985; 6(3): 49-79.

The Multipurpose Senior Services Project (MSSP) implemented a case management model of service coordination for aged Medicaid recipients at 8 sites throughout California. Evaluation of outcomes provides policy direction for long- term care programs. The research & demonstration project ended in June 1983, & the ongoing program started in July 1983. Dynamic modeling of outcomes of MSSP clients & a comparison group served by the existing service system (number of cases = 1,900 & 2,300 subjects, respectively) showed that MSSP increased longevity, decreased nursing home days, & decreased hospital days in 1982; these results

were most efficient for the frailest clients. This group also had the greatest savings in public service dollars, with the federal government the beneficiary through lower than expected Medicare expenditures. In-home supportive services proved to be the most productive nonmedical service in both systems, but was more so with MSSP. The evaluation methodology provides a multivariate frailty measure based on expected nursing home entry that can be used to identify those individuals for whom case management is most likely to have efficient outcomes. 14 Tables, 1 Figure, 15 References. HA. +

76. Mueller, B. Jeanne; Hopp, Michael. "Attitudinal, Administrative, Legal, and Fiscal Barriers to Case Management in Social Rehabilitation of the Mentally Ill." International Journal of Mental Health. 1987; 15(4): 44-58.

Persons suffering from chronic mental illness are released from institutional care to a fragmented system of health, housing, educational, and other human services agencies which provide a variety of specialized services to narrowly defined client groupings. This situation creates difficulties for those persons with multiple service needs and who already have problems coping with daily living. This author describes a demonstration study that examines the cost benefits of case management services and the barriers to providing those services to discharged mental patients. (SP)

77. Mundinger, Mary O. "Community Based Care: Who Will Be the Case Managers?" Nursing Outlook. November/December 1984; 32(6): 294-295.

Rising costs of institutional care have promoted public initiatives for community based care for the elderly. Bills recently introduced in Congress have provided payments for support services in community care and have specified that a "case management" team of at least one physician and one social worker exist to assess the patient's health, ability to function, and to monitor the care. The author argues that: 1) nurses, rather than social workers should be part of the team because community health care is primarily nursing care, and that social workers are not able to assess the patient's physical health or determine his care; 2) the use of social workers as case managers for community based care is not good public policy because using them may cause the public to view this care as social (i.e. welfare) and not health related, therefore the community care programs could become politically vulnerable; 3) using social workers could increase the costs of community care as

they would be an unnecessary part of the team; and 4) social worker case management could result in poor quality care. (SP)

78. National Conference on Social Welfare. Case Management: State of the Art. Washington, DC: U.S. Department of Health and Human Services, April 15, 1981. Final report to the Administration on Developmental Disabilities.

79. Palframan, David S. "The Discarded Adolescent: An Overview." Psychiatric Journal of the University of Ottawa. December 1982; 7(4): 226-230.

Children are commonly at risk for abandonment because of social factors including the provision of fewer resources to recreational and educational services, economic pressures that require both parents to work, idealization of child-free families, high unemployment among young people, and the epidemic of divorces and blended families. This risk is compounded among adolescents by the stereotypes held by adults and parental conflicts over sexuality, authority, and responsibility. The impact that psychiatrists can have in case management, the provision of support services, and obtaining funding for social services is discussed. Intervention with troubled adolescents should involve assessment of the adolescent's development level and relations with family and peers, management of some of the adolescent's more difficult behavior, and promotion of the client's emotional needs. Out-of home placement may be necessary, but it should be avoided if family problems have the potential to be resolved. (3 ref) (c)APA

80. Perlman, Barry B. and others. "Assessing the Effectiveness of a Case Management Program." Hospital and Community Psychiatry. April 1985; 36(4): 405-407.

Evaluated the effectiveness of a community support program with its emphasis on case management in helping deinstitutionalized patients survive in the community. Findings from a retrospective review of 48 case records of a core agency providing services in a lower-SES area of Yonkers, New York, demonstrate that a case-management program can be effective in helping clients connect with and use community services when they are available. Results indicate that psychosocial supports were the greatest need of Ss entering the program. (5 ref) (c)APA

81. Pfeiffer, Eric. "Some Basic Principles of Working with Older Patients." Journal of the American Geriatrics Society. January 1985; 33(1): 44-47.

Discusses 8 principles of how to work successfully with older patients that apply to psychiatry, all medical specialties, and the allied health and social service professions. Some of the principles include the following: (1) The older patient is treatable. (2) Care of the elderly requires a multidisciplinary approach. (3) Intervention in the life of an older patient should always be preceded by a comprehensive assessment of that patient's overall functioning. (4) Care of the elderly patient requires a new type of service—coordination of services, or case management. (c)APA

82. Rapp, Charles A.; Chamberlain, Ronna. "Case Management Services for the Chronically Mentally Ill." Social Work. September-October 1985; 30: 417-422.

Case management services have enjoyed a rapid increase in prominence within the mental health system as a solution to a variety of social service problems. The authors discuss a successful demonstration project that used social work students as case managers for the chronically mentally ill.

An exploratory design was used and the results were positive for clients, students, and the system.

83. Raschko, Raymond. "Systems Integration at the Program Level: Aging and Mental Health." Gerontologist. October 1985; 25(5): 460-463.

Describes the funding and working relationship between an area agency on aging and a community mental health center. This program is part of a core agency in a developing system of community-based care and uses a multidisciplinary in-home case-management approach to serve elderly persons at risk. Nontraditional referral sources known as "gatekeepers" (e.g. meter readers, apartment managers, postal workers, pharmacies) are organized to identify such persons. (13 ref) (c)APA

84. Remy, Linda L. (San Francisco Home Health Service, CA) Design for the Evaluation of the San Francisco Home Health Services. Emergency Family Care Services Program. May 1981. Availability: ERIC ED 213773.

This is a design for the evaluation of emergency family care programs of the San Francisco Home Health Services administration. The objectives of the design are: 1) the development of simply administered assessment procedures to assist workers in making reliable decisions regarding service needs of high-risk families; 2) the monitoring and comparison of case management decision-making, service delivery, and client outcomes for families receiving aid other than emergency family care services; and 3) the study of the feasibility of merging data from a private provider with that from a public entity in order to monitor the quality of services given by child welfare agencies. Information on the proposed evaluation study is provided.

85. Riggar, T. F.; Patrick, Dean. "Case Management and Administration." Journal of Applied Rehabilitation Counseling. Fall 1984; 15(3): 29-33.

Defines case management and case load management as they pertain to rehabilitation counselors and their administrators and supervisors. Case and case load management techniques are examined through different perspectives as they relate to varied employment settings. The historical and legislative perspectives are discussed as they relate to the evolution of case and case load management. (23 ref) (c)APA

86. Roberts, Maria; Stumpf, Jack. (San Diego State University, CA. School of Social Work) Training Manual on Case Management and Case Monitoring for Child Welfare Workers. June 1983. Availability: NTIS Project Share SHR-0010513; See also related documents, SHR-0010512 and SHR-0010514.

The major purpose of this five-unit training module for child welfare workers in the public sector is to provide information on the interactive process of assessing a client's needs, arranging for resources, developing a network of services and support systems, and monitoring and evaluating these services. The materials were tested in two county child welfare departments in California in 1983. The manual discusses the historical development and current definitions of the case management approach to social work. The first training unit examines accessing the client to a program's goals and resources, identifying barriers to and limitations of case management. The second unit concentrates on goal planning, with attention to roadblocks, client self-determination as a critical practice ethic, and developing goals for clients with difficult problem behaviors. Unit three outlines the process in establishing a client-agency contract

and secondary agreements that support or facilitate the primary contract. Common problems encountered in the contract situation, resistance from involuntary clients, and criteria for determining probability of a client achieving a goal are covered. The next unit addresses designing a network, implementing case planning, and monitoring, with special attention to roadblocks, practice ethics, and practice issues. The final unit reviews steps in the evaluation and termination processes.

87. Rosenthal, Stephen R.; Levine, Edith S. "Case Management and Policy Implementation." Public Policy. Fall 1980; 28(4): 381-413.

Examined are service organizations in varied fields that spend much of their time & resources processing & managing cases. These organizations are likely to have many common structural properties & management issues. The way in which cases are handled largely determines the match between intended policy & actual performance. The relationship of case management to the more general field of operations management is identified & the peculiar importance of case management in government is defined & illustrated. A pair of categorical schemes is introduced to differentiate the functions & structures of various case-processing programs, & is applied to show how public policy may become articulated through management of individual cases. 3 Tables, 1 Figure. Modified HA. +

88. Rubin, Allen; Johnson, Peter J. "Practitioner Orientations Toward the Chronically Disabled: Prospects for Policy Implementation." Administration in Mental Health. Fall 1982; 10(1): 3-12.

Problems faced by community mental health practitioners in trying to improve care for the chronically mentally disabled are described in the context of the Mental Health Systems Act. Although legislation has supported the concept of a case manager in charge of service delivery, a 1980 research project investigating case management settings (number of cases = 22) found that case managers in community mental health centers spend too much time in therapy & too little time in managing. An "Aftercare Orientation Scale" for the use of administrators in assessing the views of mental health practitioners is described; research findings are presented comparing scale scores by state hospital (number of cases = 18) & community mental health center (number of cases = 52) practitioners at Fla facilities. The implications for case management practice from the higher aggregate score obtained by state hospital personnel are discussed. 1 Figure. Modified HA. +

89. Sanborn, Charlotte J. (Ed.). Case Management in Mental Health Services. New York: Haworth Press, 1982.

Sections cover case management issues and implications, systems/organizational issues, legal/ethical issues, case manager training, rehabilitation, and includes case studies and a summary. (SP)

90. Sancier, Betty (Ed.). ["Case Management"]. Practice Digest. 1982; 4(4): 5-17.

A special section of this issue contains 4 articles on case management. In the first, case management is defined as both service coordination and individualized planning. The second describes a case management system based on a model developed by North Carolina State University. The model was designed to facilitate creation of single entry points into the systems, followed by a planned sequence of steps and procedures through which all clients pass depending on their needs. The third article focuses on a community-care case management system in Pueblo County, CO. The fourth explores case management with mentally disabled patients in Marin County, CA. (SP)

91. Schechter, Lowell F. "The Benefits of Smallness: Developing a Model for an Effective Rural Child Protection Team." Child Welfare. March 1981; 60(3): 131-147.

A model for operation of a rural child protection team is presented, based on the experiences of the White Valley Child Protection Team in Randolph, Vt. The usual approaches, based on urban areas' needs & resources require modification in rural areas. The Randolph team is relatively large; its central members are a social worker, a pediatrician, & a child development specialist; but it includes some 15 other members, among them, all school nurses in the area. The team has a formal 2-hour meeting once monthly & informal meetings of selected members more frequently. Formal meetings focus on case management & presentations. Written records are not kept, partly because the team does not have a legal mandate to act & thus faces concerns of confidentiality. Problems dealt with include both institutional & parental abuse. Other functions of the team are education of members & the community, & advocacy of the interests of abused children & their families. W. H. Stoddard. +

92. Schram, Barbara; Mandell, Betty Reid. Human Services: Strategies of Intervention [Vol. 2]. New York: John Wiley & Sons, 1983.

Chapters cover: an overview, planning, interviewing, case management, facilitating groups, organizing and changing systems, legal issues, administration, and avoiding burnout. (SP)

93. Schumacher, Michael A. "Implementation of a Client Classification and Case Management System: A Practitioner's View." Crime and Delinquency. July 1985; 31(3): 445-455.

Safe & effective community-based offender supervision forms one of the cornerstones of local probation services in Calif. Orange County, as well as other counties in the state, have chosen to implement the National Institute of Corrections (NIC) Model Probation Client Classification & Case Management System, uniquely adapting its "risk/needs approach" to Calif's offender population. An overview of the system implemented 2.5 years ago in Orange County is provided, some of the problems encountered & resolved are presented, & accomplishments described. Modified HA. +

94. Schwartz, Stuart R. and others. "Case Management for the Chronic Mentally Ill: Models and Dimensions." Hospital & Community Psychiatry. December 1982; 33(12): 1006-1009.

Describes models of case management according to 3 dimensions: the manager's degree of involvement in direct service, the type of caseload, and the source and extent of the manager's control over services and resources. The last dimension can be affected by such factors as contracts with private service providers and the case manager's rapport with clinical service providers. Effective case management depends on adequate resources and clear communication among system components. (17 ref) (c)APA

95. Seltzer, Marsha Mailick and others. "Agency-Family Partnerships: Case Management of Services for the Elderly." Journal of Gerontological Social Work. July 1984; 7(4): 57- 73.

Described is a research & demonstration project instituted in 1982 by the Jewish Family & Children's Services of Boston, Mass, in which partnerships were formed between agency social workers & family members of elderly clients. While the social worker retains responsibility for counseling & providing support to the elderly client, the family member is taught to assume responsibility for case management. Practice issues that emerged during the first year of the 3-year project include: the generalizability of findings in light of special characteristics of agency

clients; the definition of the agency-family partnership; confidentiality in the context of this partnership; exceptions to family involvement; clients without families; & experiences with research-practice collaboration. 34 References. Modified HA. +

96. Simmons, Kathryn H. and others. "Agency-Family Collaboration." Gerontologist. August 1985; 25(4): 343-346.

Describes a family-centered community care for the elderly research and demonstration project intended to strengthen and structure the relationship between informal and formal support systems. Family members of elderly clients are trained in case management techniques by their elderly relative's social worker and assume responsibility for case management in partnership with the social worker. (22 ref) (c)APA

97. Stein, Theodore J. and others. "Dividing Case Management in Foster Family Cases." Child Welfare. May 1977; 56(5): 321-331.

Dividing case management between a case worker serving a foster child and one serving the biological parents can be effective, but offers no advantage if single case management is well carried out.

98. Steinberg, Raymond M.; Carter, Genevieve W. Case Management and the Elderly. Lexington, MA: Lexington Books, 1983.

This book contains chapters covering the topics of alternative approaches to the client pathway, developing and mobilizing a service delivery system, developing and maintaining coordination programs, funding and grants, case managers and other staff, case manager practices, and case management considerations in information systems accountability and evaluation. (SP)

99. Stone, Cynthia; Bernstein, Laura. "Case Management with Borderline Children: Theory and Practice." Clinical Social Work Journal. Fall 1980; 8(3): 147-160.

Case management with borderline children requires collaborative work with parents & teachers in which the focus is on the child's needs & relationships with others. Understanding of borderline pathology from the perspectives of developmental psychology & object relations theory can be used implicitly in management planning & explicitly in enabling parents & teachers to comprehend the issues & goals of the child's therapy. HA. +

100. Texas State Department of Human Resources, Austin. Child Protective Services Case Management Project. Final Report: Innovations in Protective Services. September 30, 1985. Availability: ERIC ED264000.

This document reports on the development of a model of case management that clarified what is expected from Child Protective Service (CPS) specialists. By conducting a literature review, studying the role of the CPS case manager, and developing a case management model, the Project attempted to eliminate misunderstanding of the CPS case workers' role. Papers summarizing the literature review, the survey results, and outlining the proposed case management model are appended.

101. Trager, B. and others. (National Home Caring Council, Inc., New York) Supervision of Home Care Services. November 1980. Availability: NTIS Project Share SHR-0010598.

A curriculum handbook on supervision of home care services is presented that covers case management, service management, supervision skills in general, and background information on home care. Topics include administrative, educative, and supportive roles of the supervisor; skills related to communication, leadership, problem solving, and time management; and a framework covering agency administration, service administration, and direct service activities. Eight units on the supervisor and case management are provided as follows: intake, needs assessment, development of a care plan, implementation of the plan, ongoing assessment, termination of service, case records and record keeping, and quality assurance. Notes and approximately 90 references are included, along with sample forms and job descriptions.

102. Turkat, David. "Social Networks: Theory and Practice." Journal of Community Psychology. April 1980; 8(2): 99-109.

Explores the importance of social networks in community mental health. A distinction is made between natural and devised social networks. The development of liaison specialist and case manager roles as coordinators and links between clients and social networks indicates the values of ecological interventions. (69 ref) (c)APA

103. Vogel, Allyn and others. (North Carolina State University at Raleigh. Center for Urban Affairs and Community Services) Client Pathway Manual. Edition Number Two. 1980. Availability: NTIS Project Share

SHR-0010531; This manual is based upon the Client Pathway Operational Manual, by Rebecca T. Dixon. Manual Series no. M-040. Publication no. 80-014-26; See also related documents, SHR-0010522—SHR-0010530.

This manual presents the procedures for operating the Stanly County Case Management System (SCCMS) client pathway along with performance requirements for individual pathway functions. The SCCMS pathway is a series of defined activities, carried out by pathway operators and human service providers, which help clients achieve the results they want from service delivery. It is both a point of entry into the social service system and a point of agency accountability. This guide first describes the multiple roles of pathway operators, the responsibilities of service providers, and pathway tools available to case managers. It then presents detailed discussions of the seven pathway functions: entry/triage, emergency service, self-service problem assessment, service planning, service delivery, and followup. Tools and forms are identified and a glossary is included.

104. Vogel, Allyn and others. (North Carolina State University at Raleigh. Center for Urban Affairs and Community Services) MIS User's Guide. Edition Number Two. 1980. Availability: NTIS Project Share SHR-0010529, Publication no. 80-014-31. Manual series no. M-042; See also related documents, SHR-0010522—SHR-0010528; SHR-0010530—SHR-0010531.

This document provides the forms, reports, instructions, and information needed by users of North Carolina's Stanly County Case Management Project's management information system (MIS). The MIS provides a linkage among the tools of the case management system—client pathway, client-oriented record, management structure, program/service directory and index—as well as a linkage between the system and its accountability structure.

105. Wagner, William G. "Child Sexual Abuse : A Multidisciplinary Approach to Case Management." Journal of Counseling & Development. April 1987; 65: 435-439.

The author discusses the use of a multidisciplinary team approach to case management for coordinating services to children who are victims of sexual abuse. The team consists of members from the mental health and medical communities, the district attorney's office, local law enforcement agencies, child protective services agencies, the juvenile

court, and any other professionals actively involved in managing child sexual abuse cases. The author goes on to describe the roles and functions of the various team members, and offers suggestions on how to build such a team. (SP)

106. Wasylenki, Donald A. and others. "Impact of a Case Manager Program on Psychiatric Aftercare." Journal of Nervous & Mental Disease. May 1985; 173(5): 303-308.

Compared outcomes of 92 chronically mentally ill patients who were assessed and managed by community-based practitioners trained in psychiatric rehabilitation with 92 diagnosis-matched patients whose discharge planning was arranged by inpatient staff members. Patient needs for after care services were examined in terms of 5 components: medical/therapeutic, housing, vocational/educational, social/recreational, and financial. Assessment measures included the Brief Psychiatric Rating Scale, General Health Questionnaire, and a social functioning schedule. Data show that Ss in the community-based program achieved greater access to aftercare services, had more identified needs, and had more referrals than nonprogram Ss. Findings suggest that the program provided better, more comprehensive rehabilitation assessments and improved rehabilitation planning and linking of patients to programs. It is concluded that this approach to psychiatric aftercare is superior to more traditional models if practitioners are carefully trained. (12 ref) (c)APA

107. Weil, Marie and others. Case Management in Human Service Practice. San Francisco: Jossey-Bass, Inc, 1985.

Section 1 provides an overview and background of case management; section 2 presents case management in major areas of practice with specific groups such as child welfare, chronically mentally ill, and the elderly; section 3 discusses the development of case management systems. (SP)

108. Weissman, Harold and others. Agency-Based Social Work: Neglected Aspects of Clinical Practice. Philadelphia: Temple University Press, 1983.

This book covers issues related to agency based social work, including the concept of the case manager. Other chapters cover the agency social worker as diagnostician, advocate, colleague, program developer, organizational reformer, and others. (SP)

109. Wolf, Rosalie S. and others. "A Model for the Integration of Community-Based Health and Social Services." Home Health Care Services Quarterly. Winter 1985-86; 6(4): 41-57.

Described is the Integrated Continuing Care Program, designed by a case management organization & home health agency to improve the delivery of home care to the elderly. The results of a modified experimental-control study Involving 68 elderly indicate that the cost of the services to the experimental group, who received comprehensive assessments, consolidated case management, & joint monitoring, was less than the control group with an accompanying improvement in the quality of care. It is suggested that the program may be a practical model for local community social service & health agencies seeking a way to increase continuity of care, improve quality, & reduce costs without difficult organizational & system changes. 6 Tables, 4 References. HA. +

Bibliography With Abstracts: Client/Agency Contracts

1. Harris, Olita D. (San Diego State University, CA. School of Social Work) Training Manual on Case Assessment and Case Planning for Child Welfare Workers. June 1983. Availability: NTIS Project Share SHR-0010512; see also related documents, SHR-0010513 and SHR-0010514.

The goals of this four-unit training module for child welfare workers are increasing awareness of a systematic approach to problem solving and improving skills in communications, making multidimensional case assessments, developing achievable case plans, and conducting the termination process. The materials were tested in two county child welfare departments in California in 1983. The first unit on communications skills describes methods of achieving rapport with clients and barriers to effective communication. Unit two outlines steps in a systematic problem solving process as well as steps in case assessment. It also addresses problems with the involuntary client. The next unit details guidelines for appropriate goals selection, goal statements, and the contract between worker and client. The last unit on termination emphasizes that this stage should be discussed as an upcoming event at least 6 weeks before it actually occurs. The section also examines clients' attitudes toward termination, evaluating client progress, and formulating client strategies for future problem solving. Appendices, bibliography.

2. Hartmann, Ann; Laird, Joan. Family-Centered Social Work Practice. New York: Free Press, 1983.

Presents an ecological system model of practice that puts the family at the center of concern and integrates and applies theories and techniques from many sources. Analyzes the current state of the American family and the context of social policies and programs surrounding family practice. Various processes for getting started including, engagement, contracting, and interviewing between family and social workers. The agency setting, and case management are discussed. Three approaches to assessment and intervention strategies are also discussed.

3. Jones, Mary Ann and others. "Effective Practice with Families in Protective and Preventive Services: What Works?" Child Welfare. February 1981; 60(2): 67-80.

Focuses on three aspects of welfare services to families: 1) time or duration of service; 2) service content or methods; and 3) the use of contracting to structure service.

4. Peer, Robert. (San Diego State University, CA. School of Social Work) Training Manual on Group Supervision and Team Decision-Making for Child Welfare Supervisors. June 1983. Availability: NTIS Project Share SHR-0010514; See also related documents, SHR-0010512 and SHR-0010513.

Prepared for child welfare supervisors in the public sector, this training manual describes the basic components of group supervision, along with the dynamics and processes of group decisionmaking. The materials were tested in two county child welfare departments in California in 1983. Unit one focuses on the basic elements of supervision: accepting power and authority, sources of power, behavioral limits, communication skills, development of objectives, and time management. Relationships within the group and their impact on decisionmaking are discussed in the second unit, as are four phases of a group that supervisors must understand in order to assess its progress—tuning-in, contracting, work, and transitions and endings. Unit three outlines steps in the problem solving process, discusses the role of planning in problem solving, and identifies factors that enhance or detract from the effectiveness of group decisionmaking. Also considered are tactics for achieving decisions within the group. The next unit turns to team cohesiveness and productivity, with attention to leadership behaviors and techniques for strengthening team thinking. The final unit addresses various aspects of peer-oriented supervision, including procedures such as participatory management and contracting, the advantages of this type of supervision, and practice issues. Appendices, bibliography.

5. Roberts, Maria; Stumpf, Jack. (San Diego State University, CA. School of Social Work). Training Manual on Case Management and Case Monitoring for Child Welfare Workers. June 1983. Availability: NTIS Project Share SHR-0010513; See also related documents, SHR-0010512 and SHR-0010514.

The major purpose of this five-unit training module for child welfare workers in the public sector is to provide information on the interactive process of assessing a client's needs, arranging for resources, developing a network of services and support systems, and monitoring and evaluating these services. The materials were tested in two county child welfare departments in California in 1983. The manual discusses the historical development and current definitions of the case management approach to social work. The first training unit examines accessing the client to a program's goals and resources, identifying barriers to and limitations of case management. The second unit concentrates on goal planning, with

attention to roadblocks, client self-determination as a critical practice ethic, and developing goals for clients with difficult problem behaviors. Unit three outlines the process in establishing a client-agency contract and secondary agreements that support or facilitate the primary contract. Common problems encountered in the contract situation, resistance from involuntary clients, and criteria for determining probability of a client achieving a goal are covered. The next unit addresses designing a network, implementing case planning, and monitoring, with special attention to roadblocks, practice ethics, and practice issues. The final unit reviews steps in the evaluation and termination processes. Appendices, bibliography.

6. Rothery, Michael A. "Contracts and Contracting." Clinical Social Work Journal. 1980; 8(3): 179-187.

In recent years, the concept of the contract has been invoked with increasing frequency in the literature on social work practice. Since the process of negotiation takes many different forms, the idea of contracts is complex, and can be confusing. The different meanings associated with the term are outlined, suggesting that a complete understanding of contracts requires a developmental perspective. Contracting should be seen as an ongoing transaction as well as a series of static agreements. Modified HA. +

7. Stein, Theodore J.; Rzepnicki, Tina L. Decision Making at Child Welfare Intake: A Handbook for Practitioners. New York: Child Welfare League of America, 1983.

A three-phase model for decision making at intake for both protective services and voluntary child welfare services is described in this manual. These phases include: 1) reception, in which decisions are made as to whether a case seems appropriate for agency services; 2) investigation and problem assessment, which involves assessments regarding evidence of abuse or neglect; and 3) service planning, in which cases are formulated as written service agreements that provide a framework for service delivery and future decision making. Steps for accomplishing each phase are detailed, and decisions associated with each phase are listed in order to assist in the process of determining whether protective services, voluntary services, or both should be sought. Case examples are presented throughout the manual, as are tasks to enhance development of the learner's decision-making skills.

8. Stumphauzer, Jerome S. "Behavioral Family Contracting: Helping Families Change." Child and Youth Services. Fall 1985; 8(1-2): 91-102.

Families can help delinquents change. Behavioral family Contracting applies the social learning approach to a series of family agreements or contracts. It provides structure, a natural system for learning and changing, commitment, and responsibility.

9. Wolfendale, Sheila. "Schools, Support Services and the Place of Parents." Early Child Development and Care. January 1984; 13(2): 225-248.

Provides an overview of some current developments in services for children and their families, examining the extent to which parents and child caretakers are client recipients or partners in enterprises that purport to be interventions made on their behalf. Among the issues presented is a model of a service delivery system which includes a delivery team of agency professionals and parents. This team would analyze and agree upon the problem requiring intervention, carry out the intervention, review and reassess the actions taken, and evaluate or renegotiate the contract if necessary. (SP)

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